FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

		Important: Re	ad the instructio	ns on pages	s 1 - 7.	Weeking and the second
,		SECTION A - P	ROPERTY OWNER	RINFORMAT	ION	For Insurance Company Use:
BUILDING OWNER'S NAM	E		0	B	. 1 2	Policy Number
GEORGE	KIRKI	ENTERPRI	SES PHISINES	5 PARK	16	
BUILDING STREET ADDR	ESS (Including)	Apt., Unit, Suite, and/oi		١	JX NO.	Company NAIC Number
CITY	ZANI	77./	GN. Gr	STATE		ZIP CODE
FLAGSTAN	F		,	ARIZON	\mathcal{L}	B/2001
PROPERTY DESCRIPTIO		Numbers, Tax Parcel		ription, etc.)		
BLILL AINIG LISE (a a Pagi	dential Nonrol	dential, Addition, Acce	ON (CL.) PER	COMBIN	SPUTT	NST. 3086284,
BOILDING OOL (e.g., Nesi	india, Non-resi	dential, Addition, Acce	ssory, etc. Ose a Cor	ninens æea, ii	riecessary.)	125 2-de 1 1 1 1
LATITUDE/LONGITUDE (C		HORIZONTAI		OURCE:	GPS (Type).	TEST OF CONECRE
(##° - ##' - ##.##" or ##.	##### [©])	NAD 1927	XI NAD 1983		USGS Quad Map	Other: Cry of
·			·			FLAGSTAFF
	SEC	TION B - FLOOD IN	ISURANCE RATE	MAP (FIRM)	INFORMATION	1
B1. NFIP COMMUNITY NA	ME & COMMUN	NITY NUMBER E	32. COUNTY NAME			B3. STATE
FLAISTOFF AZ	04007	20	COCONI	10		ARIZONA
B4. MAP AND PANEL	B5. SUFFIX	B6, FIRM INDEX	B7. FIRM PA	_	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)
0400000		B-24196	EFFECTIVE/REVI	l l	ZONE(S)	(Zone AO, use depth of flooding)
0007		4-28-90	8-02-90	6	AZ	6839.7
B10. Indicate the source of	of the Base Flo	ood Elevation (BFE)	data or base flood	depth entered	l in B9.	*
19		Community				
B11. Indicate the elevatio	n datum used	for the BFE in B9: 🛭	NGVD 1929	J NAVD 1988	Other (De	
B12. Is the building locate	d in a Coastal	Barrier Resources S	System (CBRS) are	a or Otherwise	e Protected Are	ea (OPA)? _ Yes No
Designation Date:						
	SECTIO	N C - BUILDING E	EVATION INFORM	MATION (SUE	RVEY REQUIR	FD)
C1. Building elevations ar				ilding Under C		
*A new Elevation Cer				•		I intistied Constituction
	_	•				partificate is hely completed asso
		-	-			certificate is being completed - see
pages 6 and 7. If no o			- /			ACO ADIALI ADIAO
C3. Elevations – Zones A						
		-				sed. If the datum is different from
						rements and datum conversion
					s appropriate, t	o document the datum conversion.
Datum COFLCS	Conversion/	Comments THE	OFLES IS ON	NGVD	ZG DAT	Ving
Eleyation reference m	nark used <i>Co</i>	FPT# 192120	Does the elevation			ar on the ARM? _ Yes No
a) Top of bottom flo		basement or enclos		42 11		
b) Top of next high	ier floor		N	A	ft.(m) 👸 📗	A LAND OF THE PARTY OF THE PART
c) Bottom of lowes		uctural member (V z	cones only)	V/A	ft.(m) ft.(m)ft.	STORY SALL
d) Attached garag	, , ,			V/A	ft.(m) set	1999 10000
é e e l e e l e e e e e e e					1	17 Lif. #1 28369
servicing the bu	ıilding (Describ	oe in a Comments a	rea.) _{@&	4-18	ft.(m) (m).	WILLIAM A.
f) Lowest adjacent	(finished) grad	de (LAG)		84/ 8	⊈ft.(m) ∄ ∰	CHANE 16/
g) Highest adjacer	t (finished) gra	ade (HAG)		6841.9	ft.(m)	Soned W
h) No. of permane	nt openings (fl	ood vents) within 1 f	t. above adjacent g	rade		
☐ i) Total area of all p	permanent ope	enings (flood vents)	in C3.h <i>O</i> s	sq. in. (sq. cm)	
The grant of the second of the	CECT!	ON D. CUDVEYOR	ENCINEED OF	ADCUITECT	CEDTIEV: 6 YV	T. Surgeone Control of the Control o
		ON D - SURVEYOR				
						certify elevation information.
I certify that the informat			,	•		
I understand that any fal- CERTIFIER'S NAME	se statement r	nay be punishable b	y tine or imprisonm		U.S. Code, Sed SE NUMBER	אוסוז זוטטד.
CENTIFIENS WAIVE	LIAM 1	1. 12000		LICEN	RL_	5 73369
TITLE OF THE ORDER	100/ 1	CAND	COMPANY	NAME 1_		Decreal +
ADDRESS ADDRESS	D CAND	JUPVEYOR	CITY	- HZ	TEGIATE D	ES/GN LNC
SIGNATURE BOX	494	~ ' ' <i>}</i>	TAESTAGE		1000	12. 86002
SIGNATURE Willie	ws a.h.	bane!	11-15-0	/	I ELEPHU	2928) 774-4400

IMPORTANT: In these spaces, copy the	e corresponding informati	on from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt.	, Unit, Suite, and/or Bldg. No.) (OR P.O. ROUTE AND BO	X NO.	Policy Number
CUTY 503 N. GRANT	STATE		ZIP CODE	Company NAIC Number
FLAGSTAFF	ARITONA	1 2	36001	
SECTION D - SU	RVEYOR, ENGINEER, OR	ARCHITECT CERTIFI	CATION (CON	TINUED)
Copy both sides of this Elevation Certifica	te for (1) community official,	(2) insurance agent/co	ompany, and (3) building owner.
COMMENTS				Parcalenal
, ., -	CATE WAS COM		• -	CANST FUCT PONO
ELEVATIONS APE BASES	ON FIELD "AS	- BULT M	EASUREME	NTS, TAKEN
DURING OR AFTER CO	NSTRUCTION S	AKING OPER	ATIONS,	By ME & MY (LEW) Check here if attachment
SECTION E - BUILDING ELEVATION	INFORMATION (SURVEY	NOT REQUIRED) FO	R ZONE AO A	ND ZONE A (WITHOUT BFE)
For Zone AO and Zone A (without BFE), conformation for a LOMA or LOMR-F, Section E1. Building Diagram Number (Selesee pages 6 and 7. If no diagram accutates. The top of the bottom floor (including by (check one) the highest adjacent grades. For Building Diagrams 6-8 with opening	omplete Items E1. through E in C must be completed. ct the building diagram mos trately represents the buildir asement or enclosure) of the c. (Use natural grade, if ava gs (see page 7), the next hig	4. If the Elevation Cert similar to the buildinging, provide a sketch or building isilable.)	tificate is intentificate is intentificate is intentificate is for which this operation is intentificate in the content is int	ded for use as supporting certificate is being completed – n.(cm) above or belov o) of the building is
I I Iff.(m) I I lin.(cm) above the	highest adjacent grade. Co	mplete Items C3.h and	d C3.i on front c	f form.
E4. For Zone AO only: If no flood depth nu		of the bottom floor ele	vated in accord	lance with the community's
floodplain management ordinance?	_ Yes No Unkno OPERTY OWNER (OR OW			s information in Section G.
The property owner or owner's authorized (without a FEMA-issued or community-iss	representative who comple ued BFE) or Zone AO must	sign here. The statem	nents in Section	as A, B, C, and E are correct to
the best of my knowledge. PROPERTY OWNER'S OR OWNER'S AUTHO	RIZED REPRESENTATIVE'S	VAME		
ADDRESS		CITY	STATE	ZIP CODE
		DATE	TELEPH	ONE
SIGNATURE		DATE	Laborat	OTTE
COMMENTS				
				I Check here if attachmen
	SECTION G - COMMUNITY	INFORMATION (OPT	IONAL)	Oneek here it attachmen
he local official who is authorized by law of ections A, B, C (or E), and G of this Elevand I. The information in Section C was to engineer, or architect who is authorized elevation data in the Comments at E2. A community official completed Se Zone AO.	r ordinance to administer the tion Certificate. Complete the teaken from other documental orized by state or local law to rea below.) Cotion E for a building located	e community's floodplane applicable item(s) a sion that has been sign to certify elevation infor the in Zone A (without a	ain management and sign below. I sed and embossimation. (Indicated FEMA-issued control of the second	sed by a licensed surveyor, ate the source and date of the or community-issued BFE) or
1-400-00	ATE PERMIT ISSUED			COMPLIANCE/OCCUPANCY
	JUH . 23, 200	ISSUED	Mov. 10	
	ling basement) of the buildir	68	<u>8. 14c</u>	5 ft.(m)Datum: NGVD 291
LOCAL OFFICIAL'S NAME	GANGAL	TITLE STO	EMVATE	R MANAGER
COMMUNITY NAME	GSTAFF AZ	TELEPHONE	128-779	7-7650
SIGNATURE	سے زے	DATE LOV.	26,200	>1
COMMENTS	/ 	g		,
				,
				1 Chack here if attachme